

BIBLIOGRAPHICAL NOTICES.

1. *Reports of Medical Cases, selected with a view of illustrating the symptoms and cure of Diseases, by a reference to Morbid Anatomy.* By RICHARD BRIGHT, M. D., F. R. S. &c. Lecturer on the Practice of Medicine, and one of the physicians to Guy's Hospital. London, 1827. 4to. pp. 231, with sixteen coloured plates.

This splendid volume, the commencement of a work to be continued on the same plan, contains reports of cases treated at Guy's Hospital, London, with beautiful, and for the most part very accurate representations of the morbid conditions found to exist in certain organs in particular diseases. There is no necessity, at the present day, of pointing out the immense advantages, which a large and well regulated hospital affords for studying diseases, or the value of clinical reports; they are sufficiently estimated; we shall, therefore, without preamble, give a sketch of the plan of the present volume, and notice those opinions that appear to be original with its author, and such of his observations as we think will be most interesting to our readers.

The first twenty-four cases are intended to illustrate some of the morbid appearances in the kidneys, observable in those who die from dropsical effusions. Dr. Bright asserts that he "has never yet examined the body of a patient dying with dropsy attended with coagulable urine, in whom some obvious derangement was not discovered in the kidneys;" and on the contrary, where the dropsy has depended on organic change in the liver, even in the most aggravated state of such change, no diseased structure has generally been discovered in the kidneys, and the urine has not coagulated by heat. Dr. B. conjectures the existence of three varieties of organic derangements of the kidneys, in dropsy, all generally attended with a decidedly albuminous character of the urine. In the first, the kidney loses its usual firmness, becomes of a yellow, mottled appearance externally; and when a section is made, nearly the same yellow colour, slightly tinged with gray, is seen to pervade the whole of the cortical part, and the tubular portions are of a lighter colour than natural. The size of the kidney is not materially altered, nor is there any obvious morbid deposit to be discovered. This state of the organ is sometimes connected with a cachectic condition of body, attended with chronic disease, where no dropsical effusion has taken place either in the cellular membrane, or in the cavities of the body. When this disease of the kidneys has gone to its utmost, it has appeared to terminate by producing a more decided alteration in the structure; some portions becoming consolidated, so as to admit of very partial circulation; in which state the surface has assumed a somewhat tuberculated appearance, the gentle projections of which were paler than the rest, and scarcely received any of the injection which was thrown into the arteries.

In the *second* variety, the whole cortical part of the kidney is converted into a granulated texture, and there appears to be a copious, morbid, interstitial de-

posit of an opaque white substance. This in its earliest stage produces externally, when the tunic is taken off, only an increase of the natural, fine, mottled appearance given by the healthy structure of the kidney; or under particular circumstances, gives the appearance of fine grains of sand sprinkled more abundantly on some parts than others. On making a longitudinal section, a slight appearance of the same kind is discovered internally, and the kidney is generally rather deficient in its natural firmness. After the disease has continued for some time, the deposited matter becomes more abundant, and is seen in innumerable specks of no definite form, thickly strewed on the surface; and on cutting into the kidneys these specks are found distributed in a more or less regular manner throughout the whole cortical substance, no longer presenting a doubtful appearance, but most manifest to the eye without any preparation; and other cases less advanced requiring maceration in simple spring water for a few days to render them more obvious. When this disease has gone on for a considerable time, the granulated texture begins to show itself externally, in frequent, slight, uneven projections on the surface of the kidney; so that the morbid state is readily perceived even before the tunic is removed. The kidney is generally rather larger than natural; sometimes it is increased very much, but at other times it is little above the natural dimensions.

The *third* variety, the kidney is quite rough and scabrous externally to the touch, and rises in numerous projections, not much exceeding a pin's head, yellow, red, and purplish. The form of the kidney is often inclined to be lobulated, the feel is hard, and on making an incision the texture is found approaching to semi-cartilaginous firmness, giving great resistance to the knife. The tubular portions are observed to be drawn near to the surface of the kidney: it appears in short like a contraction of every part of the organ, with less interstitial deposit than in the last variety.

Five plates of diseased kidneys are given, representing the varieties above described.

Besides these three forms, passing almost into each other, and usually attended with decidedly coagulable urine, Dr. B. says that there are two other deranged conditions of the kidneys in which coagulation is sometimes observable, but in a very subordinate degree, and often though observable one day is quite lost on another. One of these morbid states consists in a preternatural softness of the organ; the other in the blocking up of the tubercular structure by small portions of a white deposit, bearing the appearance of small concretions. In the former a corresponding loss of firmness has been observed in the structure of the liver, and the spleen and the parietes of the heart, the action of which organ had been observed during life to be deficient in force. In the other cases, besides the obstructed state of the uriniferous tubes, the whole structure of the kidney has been somewhat deranged, the cortical portion firmer than natural, and the tubular part has lost the regular convergency of the vessels, so that they have assumed a waved direction.

The object of Dr. B. in the foregoing statements, is to establish the fact, that certain dropsical affections depend more on the derangement of the kidneys themselves, than has been generally supposed; and that the albuminous nature of the urine frequently points out the particular cases, in which these organs are the seat of disease.

Dr. B. does not offer any thing satisfactory in relation to the treatment of these diseases of the kidneys; he doubts whether it be possible, after a decided organic change has taken place in this organ to effect a cure, or even to give any great relief, but where the mischief is less rooted, much may be done. In the early stages, before organic changes have taken place, two indications are to be fulfilled.—1st. To restore the healthy action of the kidney. 2d. To guard against dangerous secondary consequences, consisting in inflammatory affections, more particularly of the serous, sometimes of the mucous membranes, and in the effusion of blood or serum into the brain. These may destroy the patient at any period of the disease. The treatment therefore must have reference to these impending dangers, and hence in the early stages it will generally be indispensably necessary to have recourse to active depletion, even as a preventive measure; but it is still more necessary, at every stage of the disease, to combat the first symptoms of inflammation, or of cerebral congestion by the free abstraction of blood. A state of great congestion or process of slow inflammation exists in various internal organs, and particularly the kidneys, which produces subsequently their disorganization, bleeding is a most important remedy to restore the healthy condition of these organs.

Purgatives Dr. B. says generally act well, (the elaterium appears to be a favourite with him;) all the saline laxatives which unite a certain degree of diuretic power, are decidedly useful, of these he considers the supertartrate of potash as the most efficacious, and the best mode of exhibiting it when the stomach will admit, is by directing the patient to take a large draught of a mixture containing more of the salt than the water will dissolve, the first thing in the morning: in some cases he trusts entirely to this remedy. "When the stomach will not bear this mode of administering purgatives, the combination of jalap, supertartrate of potash, and a little ginger, repeated from time to time, answers well, or even frequent doses of castor oil have been very useful."

The diuretic remedy most frequently used by Dr. B. is the squill in its different forms: "but it has always acted best when given in combination with hyoscyamus, or when a grain of opium has been prescribed once or twice a day." Digitalis is in some instances cautiously administered.

Dr. B. considers the propriety of employing mercury as one of the most important questions in the treatment of this class of affections. "It is," says he, "consistent with the most successful treatment of many forms of inflammatory disease, that we should have recourse to the valuable combination of calomel and opium; and it is consistent with what is generally deemed good practice, that by the cautious use of mercury we should endeavour to produce more healthy action, and to promote absorption when there is reason to believe that disease has left any chronic morbid action tending to produce unhealthy deposit in glandular structures. Still, however, the cases which have proved most successful in my own practice, have generally been those in which I have rigidly abstained from the use of mercury. In some cases I have seen the good effects of other remedies entirely interrupted by the mercurial action, and I have likewise seen several instances in which the cure, when mercurials have formed part of the plan, has been protracted to a great length; and a great many in which the full action of mercury has not prevented the regular progress of the disease, and its fatal termination. Yet I have undoubtedly seen well-

marked cases of this disease with decidedly coagulable urine, when taken early, in which the free use of mercury to complete ptyalism has not prevented the patients from deriving great, perhaps even perfect relief, from the remedies with which it was combined—these remedies having been bleeding, purging, and diuretics. Independently of the very great doubt which exists as to the advantage to be derived from mercury, there is one circumstance which most materially limits our power of employing it, and that is the violence and rapidity with which the ptyalism often comes on, and the great difficulty which is frequently experienced in restraining its effects: for when the cellular membrane is in the peculiar state of anasarca, induced by this disease, the gums and cheeks are not capable of supporting the process of ulceration, and often pass into a state of gangrene."

The cases and observations on the diseased conditions of the kidney in dropsy are followed by observations on the chemical properties of the urine in these cases, by Dr. Bostock. We cannot conclude our notice of this portion of the work without remarking that we have been led to believe from an attentive perusal of the cases, that if the patients had been treated by depletion more actively and perseveringly employed, and their kidneys less goaded to increased action by elaterium and the stimulating diuretics, that the morbid state of these organs which Dr. B. has described would have less frequently been found.

The next seven cases, (twenty-five to thirty-one, inclusive,) are given to illustrate some of the morbid appearances observable after death when dropsical effusion has been connected with disease of the liver. The morbid states of the liver found in these cases, were a morbid deposit around or in the secreting portion of that organ, which, without interfering very much with its natural consistence, rendered its surface rough, and its whole texture deranged and granular. A change of structure both in the secreting part and the connecting cellular tissue, so that the whole viscus was brought to an unusual state of firmness—the assini enlarged, and the parenchymatous substance thickened, and brought to a state of semi-cartilaginous hardness: when this state advances further, the cellular tissue forms bands in various directions, not unlike a scirrhus degeneration, either in appearance or consistence. In one case in which this state of the liver existed in a much earlier stage, a total change had taken place in its glandular appearance, so that when cut into, it bore more the appearance of a muscular body cut transversely to the direction of its fibres. In one case there were none of those cartilaginous bands of hardened cellular tissue, but the whole organ was changed into globular concretions, harder and more tough than in the natural condition, easily picked out of the cavities in which they seemed imbedded, and sliding pretty readily over each other, so as to render the whole pliable, though tough. Two plates, containing six figures, are devoted to representations of the morbid conditions of the liver above described. These alterations from a healthy state Dr. B. thinks, "produce very general obstruction to the circulation through the branches of the vena portæ, and become in this way the immediate cause of dropsical effusion, independently of any morbid condition which may result to the blood, by its not giving off those substances from which it is purified, while the process of secreting bile is carried to its full extent."

Cases thirty-six to thirty-nine inclusive, illustrate some of the appearances observable where disease connected with the viscera of the thorax has been followed by dropsical effusion. The morbid appearances observed in the cases in the thorax, were disease of the semilunar valves, obstruction of the aorta by a bony mass, ossification of the mitral valve, consolidation of the lung, adhesion of the pericardium to the heart, and disease of the internal membrane of the heart, &c.

Cases forty to fifty, inclusive, illustrate some of the varieties which take place in the results of inflammation attacking different textures of the lungs. Five of these are cases of inflammation of the mucous membrane of the lungs, (bronchitis;) and eight of inflammation of the substance of the lung, two terminating in suppuration, and the remainder in gangrene.

Two plates representing diseased lung are given, one exhibiting gangrene of that organ, the other abscess.

Cases fifty-three to sixty-seven, are illustrative of some of the morbid appearances discovered in phthisis pulmonalis. These are chiefly disorganization of the lungs, ulceration of the larynx, obstruction of the absorbent glands, more particularly those of the bronchial passages, and of the mesentery, and irritation or ulceration of the mucous membrane of the intestines. Four plates are appropriated to representations of these morbid derangements, two contain delineations of the morbid states of the lungs, and the other two, of morbid derangements found in the intestines.

Two cases, sixty-eight and sixty-nine, are given to show the influence of ipecacuanha, and the milder preparations of mercury in dysentery, one of these cases we have transferred to our periscope.

The next nine cases, (cases seventy to seventy-nine inclusive,) are offered to illustrate the morbid appearances which occasionally take place in the intestines during the progress of fever; and the succeeding eleven cases, which conclude the volume, are illustrative of the treatment to be employed when the mucous membrane of the intestines, is diseased, in fever.

Whatever may be the primary nature of the febrile attack, Dr. B. thinks, there can be no doubt, that early in the disease, "the intestinal canal is irritated, and that this irritation keeps up all the bad symptoms, becomes the chief object to which the practitioner should turn his attention, and is not unfrequently at last the immediate cause of death."

When patients are admitted into the hospital, which is seldom within the first week after the attack, Dr. B. says that the stomach and intestinal canal have become greatly deranged, tenderness is experienced at the pit of the stomach, and there are discharged daily five or six watery dejections, which present an appearance similar to that which would be produced by throwing a powdery matter, of the colour of ochre, into turbid water, and the powder settled to the bottom.

To correct these discharges, which depend on an inflammatory state of the bowels, he has found the combination of the hydrargyrum cum creta, the ipecacuanha, and the compound chalk power in different proportions the most applicable remedy, and in many cases he scarcely used any other combination throughout the disease. Under this simple treatment, with the mildest nourishment, the stools gradually change their character, the febrile symptoms re-

gularly retire; and a state of complete convalescence succeeds to the most threatening symptoms.

When the tenderness of the abdomen is considerable, leeches, or, if the sensibility of the part does not absolutely prohibit the use of cupping-glasses, the abstraction of ten or twelve ounces of blood, in that way, sometimes affords remarkable relief, more particularly if succeeded by the application of fomentations. "The most alarming symptom," says Dr. B. "is the irritable state of the stomach accompanied by frequent vomiting, when a quantity of green fluid is usually thrown up either spontaneously or whenever the attempt is made to administer nourishment or medicine. In this case it becomes absolutely necessary to allay the irritation of the stomach; as not only are we prevented from administering the necessary remedies and support, but the patient is completely worn out by the continuance of the painful and exhausting efforts. The task which we are here called upon to perform is often of the greatest difficulty: leeches and cupping at the pit of the stomach sometimes gives very marked relief, even when the powers of the system appear much diminished; and sometimes a mustard poultice has proved beneficial, or a blister after the leeches have ceased to bleed. We may likewise have recourse to draughts, with the subcarbonate of magnesia and a few drops of the *vinum opii*, or a simple effervescing saline draught. Opium in the solid form, with or without calomel, occasionally assists much in allaying the sickness; but often, when every thing has failed, soda water with a small quantity, not exceeding a tea-spoonful, of brandy, repeated at long intervals, has remained on the stomach, and enabled it to receive and retain other things after various means have failed."

The symptoms of cerebral affection are to be relieved by cold applications, if there be no great deficiency in the general heat of the body, the hair being first removed, and by leeches or cupping where the symptoms are more urgent.

From examining those who have died at the hospital, Dr. B. does not hesitate to say "that the mucous membrane lining the ilium, the cæcum, and the commencement of the colon, has been the chief source of that excessive irritation which has been so prominent with regard to the bowels, and that the upper part of the duodenum has probably been the source of the urgent gastric symptoms; and occasionally the whole mucous membrane of the small intestines has been vascular and irritated. How far all this mischief may be referred to a morbid action of the liver, as affording a vitiated, a redundant, or an insufficient supply of bile, I will not take upon me to say: but the liver has not presented any marked evidence of irritation: it has occasionally been rather pallid, and the bile in the gall-bladder more thin and watery than in perfect health; but where this has been observed, it has fairly been a matter of doubt whether we ought to consider it the result or the cause of the intestinal irritation."

In fevers accompanied by inflammation of the mucous membrane of the intestine, the bowels are occasionally relaxed from the beginning, but more frequently the contrary is the case, and then Dr. B. considers it to be of the highest importance to remove any accumulations which have taken place, and prevent them in future, and for this purpose he recommends calomel, followed by castor oil, or combined with rhubarb, and their repetition directed according to the nature and extent of the evacuations.

"As long," says he, "as the dejections are feculent and not too watery, and as long as they pass without pain, we shall never be doing harm by our purgatives. On the contrary, the moment that any thing like watery diarrhœa comes on, either after purging has produced irritation, or when, from want of proper purging, the contents of the bowels have given rise to it, we must always bear in mind that the mucous membrane is getting into the state referred to in the preceding observations, after which every thing like brisk or irritating purging must be avoided. The moment the yellow ochry diarrhœa has taken place, I think there can be little doubt that the intestines are either actually ulcerated or are on the very point of ulceration; and then in general the irritation of the canal is of itself sufficient to prevent accumulations; and it must be our great and constant object to improve the secretion of the intestines and the connected viscera rather than to purge actively. We must not, however, for a moment entertain a project of putting a stop to the diarrhœa: we must watch it carefully and constantly; and if we have any reason to doubt the sufficiency of the discharge, we must act gently by means of castor oil guarded by a few drops of laudanum, or by simple emollient glysters. But in general this, which I conceive to be the period when ulceration is commencing, is the time, when the combination of the mildest mercurials, the hydrargyrum cum creta, and the compound chalk powder, with or without ipecacuanha, is administered with the greatest benefit; and it is advantageously continued till the cure is complete. In the following cases it will be found that I have often trusted the progress of the fever so much to the regulation of the bowels by these simple means, that I have appeared to forget the primary disease in my attention to this particular train of symptoms; and in truth I have almost done so, because I have very frequently found the cure of the disease keep exact pace with the improvement taking place in the alimentary canal. This combination generally of itself acts as a purgative; and if it does not, a simple gruel injection seldom fails to produce sufficient effect. During the whole period, however, that our attention is turned to the secretion of the mucous membrane, we are not to forget the possibility of vascular fulness, or even of inflammation being set up in some part of the abdomen, and to overcome this, when we have decided reason to believe in its existence, we are to employ external fomentations, leeches, and even cupping: but these remedies, admirably suited as they often are to this form of disease, must be used with caution; for I am persuaded that I have seen mischief result from an inclination to believe that every painful affection of the abdomen, more particularly if increased by pressure, in the advanced stages of fever, must necessarily be inflammation, and call for abstraction of blood."

Dr. B. has found antimonials do harm where there was any decided tendency to irritation in the bowels, and he usually substitutes the ipecacuanha wine, as a diaphoretic; but he thinks that "in many cases, harm rather than good is done by the use of saline remedies and diaphoretics in any form, as they irritate the bowels without materially aiding in that more equable distribution of the blood which is the professed object of their employment."

Tonic remedies Dr. B. considers as of essential importance; and that even while evidence exists of much local mischief in the bowels, it will sometimes be necessary both to support and to stimulate the system: "looking indeed," says Dr. B. "to the character of the ulcerations, the deep sloughs which they

often form, and the dark red inflammation which surrounds them, there would be reason to suppose that such remedies might be useful. And occasionally the decided remittent form which the fever has assumed, has completely removed every scruple, and led to the free exhibition of the sulphate of quinine with admirable effect. At the same time there is more danger to be feared from the too early use of stimulants, as long as the system is still able, without their aid, to support the febrile prostration, than there is risk in abstaining from stimulants a little beyond the period when they might possibly begin to act well. In a general way the system seems capable of supporting itself for a few days under that great degree of prostration which is connected with advanced ulceration of the bowels; and although we cannot determine the exact state of the ulcers in these cases, yet we find that the action of stimulant and tonic remedies is often more certainly beneficial after that state of prostration has existed for some time, than when such remedies are administered with a view of obviating or anticipating the first symptoms of collapse; for when administered too soon, they frequently kindle the inflammatory action with redoubled violence, and then it is that the most appalling combination of debility and nervous excitement is seen for one or two days to precede death."

Dr. B. concludes his observations on fever, with the remark that though it is perhaps not within the power of human skill always to arrest those awful scenes with which fever frequently terminates, *there is undoubtedly no more certain way of interposing to prevent them than by making ourselves acquainted with the nature of the mischief with which we have to contend.*

Three plates are given of the morbid derangements observed in the intestines in fevers.

As Dr. Bright's volume is so costly as to prevent its circulation in this country, and as its contents are highly interesting, we have been induced to extend our notice beyond the usual limits, and have placed in our periscope some of the most interesting cases.

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2. *Anatomisch Chirurgische Abbildungen nebst Beschreibung der Chirurgischen Operationen, nach der Methoden von RUST, GRÆFE und KLUGE.* Von LUDWIG JOSEPH VON BIERKOWSKI, &c. &c. Berlin, 1826. 1 vol. 8vo. pp. 576. (Second vol. not yet published.) With forty Lithographic plates in folio.

Bierkoffski's anatomico-chirurgical illustrations and descriptions of surgical operations, according to the methods of Rust, Græfe, and Kluge, three highly distinguished German professors, is a valuable and beautiful work, the whole of which we hope is by this time published. The plates are of the size of life, and the relative positions of the parts to be operated on, as well as the figure and extent of each external incision, is marked in such a manner as to afford the most satisfactory memoranda to the student or practitioner. Although this work is principally intended to describe the operations of the professors above-named, yet it is not exclusively confined to stating their methods, as those of Lisfranc, Cooper, Beer, Gauttani, &c. are occasionally given. Each operation is described according to the different stages or "acts" to be observed by the surgeon. The general style of this volume is clear, concise, and explicit, characters peculiarly distinctive of modern German didactic works.

Three editions of it have been printed. The first, and best, is printed on the finest Swiss vellum paper, with the muscles and vessels neatly illuminated; the muscles flesh-coloured; the arteries of a vermilion tint; and the veins blue. The second edition is printed upon fine cap paper, having only the vessels coloured, as in the first edition; while the third is printed upon ordinary, (though not coarse,) paper, and the plates are not coloured. The price is not stated.

In a mere notice like the present, we cannot attempt to offer a satisfactory statement of all the peculiarities of Rust, Græfe, and Kluge's modes of operating. But the following observations of Dr. Bierkoffski, made in a note to the description of Cooper's operation upon the aorta, may prove interesting, and we translate them especially on account of his experiments.

"The course of the blood to the inferior extremities, (when the aorta is tied,) is readily understood, if we recollect the anastomoses between the internal mammary and epigastric, the lower lumbar and circumflexa ilii, and the hemorrhoidal and pelvic arteries. These small vessels, indeed, bear no proportion to the inch-wide aorta,* and consequently when the latter is tied up, the inferior extremities are very sparingly supplied with blood, and therefore are debilitated; the pulsation moreover cannot be discovered while the force of the pulse is expended upon the channels afforded by the innumerable delicate anastomoses through which the circulation is then kept up. As time alone gradually restores the strength of the pulse, the limb will at length be gradually nourished to a due degree and recover its former strength. The small vessels before mentioned can, in time, become somewhat enlarged, but much time is requisite that the vessels above the ligature should gradually form a set of spirally arranged new vessels around about the aorta, and unite with the proper trunk below the ligature. Having, however, had no opportunity of observing this condition, we shall not hazard an opinion. We can say but little upon the subject, as we have but one instance in which the operation has been performed on a human being, and Cooper's patient died within forty hours after the ligature was applied: (might there not have been some complication in this case?) If conclusions drawn from inferior animals were applicable to man, we might say that when there is no other resource, the ligature may be advantageously applied to the aorta.

"With a view to satisfy ourselves of the restoration of the circulation to the inferior extremities, by the formation of new vessels, the following experiments were made.

"On the 20th of January, a ligature was tied around the descending aorta, (of a cat of two years old,) at its posterior extremity. The animal was very restless during the operation, three loops of intestine protruded through the single wound, which was along the linea alba an inch and a half in length, and it was very difficult to apply the ligature properly. The protruded intestine was replaced, the ligature confined at the posterior angle of the wound, and the wound was closed by the bloody suture.

"On the 21st of January we tied the aorta of another cat of two years and a half old, with more care and precaution, at the same point as in the preceding. This cat was so secured that during the operation she could make no move-

* "Diese kleine Gefäss stehen zwar in keinem Verhaeltniss zu der fingerdicken aorta."

ment, and to prevent with certainty the surrounding of any portion of intestine by the ligature, we used an instrument made of wire, in order to pass it without obstruction. With the aid of this instrument the ligature was very easily applied, and we were very careful to observe that no intestine was included, and to allow none of the bowels to protrude through the wound. The wound was drawn together with stitches.

"The cat which was first operated on, after the application of the ligature, walked with difficulty; in the evening she lapped a little milk. On the succeeding day, January 21st, she appeared very weak, lay constantly extended upon her belly, and slept with her head upon her fore-feet. When roused, she stood up, but could not walk more than a few steps, mewed several times, looked dejected, resumed her former position and again slept. Some milk was offered, which she merely tasted, and refused to take more. She died on the 25th January, about midnight.

"On dissection it was found that a considerable loop of intestine was included with the aorta in the ligature. Nearly all the bowels were inflamed, in part gangrened, and the aorta was somewhat so. The ligature still remained moderately tight. It is evident, the tying in of the bowel was the immediate cause of death.

"The cat operated on the 21st Jan. moved shortly after the operation, licked the wound frequently, slept very well, and woke suddenly, occasionally mewing; at midnight she took some milk, licked the wound, and slept again. Early on the 22d Jan. we found her sitting on a chair in the room; she seemed very tame, and mewed as if hungry, leapt from the chair, and ate some meat. On the 24th the wound was healed with the exception of the part whence the ligature of the aorta depended. On the 26th this ligature came away; on the 28th the wound was entirely healed, and the animal was as well as ever she had been."

It has always appeared to us, that Sir A. Cooper's operation was deferred until too late a period; and we cannot help believing that it was rendered still less likely to succeed by the manner in which it was performed, working his way through the folds of the peritoneum with the finger nails, and then leaving a catgut ligature of considerable size extending from the aorta to the external wound. This must have added greatly to the irritation, as the peristaltic motion of the bowels must have produced no slight friction against the cord.

J. D. G.

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3. *Histoire Anatomique des Inflammations.* Par A. N. GENDRIN, M. D. Secrétaire-Général du Cercle Médical de Paris, &c. &c. Paris, 1826. 2 vols. 8vo. pp. 1364.

After two thousand years of wanderings in the wilderness of hypotheses and conjectures, medicine has at last attained the road leading out of the labyrinth in which it has so long been entangled. The imperishable honour of being the first to explore this path, is due to Bichat. It is true that its direction was indicated by Bordeu and Pinel, but it was Bichat who first advanced any distance, and who proved it to be the road by which medicine was to arrive at its highest possible state of perfection. His discoveries mark an era as important

No. II.—Feb. 1828.

[51]

in medicine, as do those of Lavoisier in chemistry, or Newton, in natural philosophy.

Formerly, anatomy taught the position, size, and configuration of the organs; a knowledge no doubt useful, particularly to the surgeon, but of little service to the physician in his investigations into the nature of diseases, and the best means of cure: physiology was a distinct science, and pathology could scarcely be said to exist. Bichat, by means of the scalpel, and where that failed him, with the aid of chemical reagents, ascertained the elementary parts or textures of which the body was composed, pointed out their properties, combinations, and appearances in health, and showed that each tissue, in the structure of whatever organ it might occur, presented in disease identical phenomena. He thus created a new anatomy, a new physiology, and a new pathology, one founded on the other; a physiology based on anatomy, a pathology erected on physiology, each forming stories of the same edifice, and together forming a durable and splendid superstructure. Unfortunately for science, Bichat's career was cut short by an early death, but the brilliant discoveries at which he arrived by his mode of investigation, have induced many disciples to follow zealously the same path, and medicine is daily advancing by their labours to a state of perfection equal to that of the other sciences.

Among the followers of this great master, Dr. Gendrin will, we think, stand conspicuous. Bichat ascertained and described most of the healthy and some of the pathological characters of these tissues, but he left by far the greater portion of the extensive and rich field of pathology to the exploration of others.

Dr. Gendrin has engaged in this investigation, and in the work the title of which stands at the head of this article, he has endeavoured to present us with as full and accurate an account of the changes produced in the tissues by disease, as Bichat has of the tissues in a healthy condition. His work is divided into three books. The first book consists of thirteen chapters, the first twelve of which are devoted to a brief description of the characters of each of the tissues in health, followed by a full account of the effects produced in each by the different forms of inflammation to which they are subject, as acute, chronic, phagedenic, and gangrenous; the last chapter comprises the history of adhesive inflammation in each of the tissues, with an account of the anatomical characters of adhesive inflammation in general.

The second book treats of the alterations which follow inflammation, and consists of two parts. The first part is devoted to an account of the alterations produced in the fluids by disease, and is divided into three chapters. In the first, the author describes the blood in its healthy state, and the alterations produced in it by inflammation; in the second, the fluid products of inflamed tissues; and in the last, the alterations in the fluids produced by changes in the organs which secrete them. The second part is devoted to a description of the alterations of texture which follow inflammation, and is likewise divided into three chapters. The first relates to immediate adhesion succeeding inflammation; the second to the membranes which form on the parieties of accidental cavities in the substance of the organs, as cysts, and the lining of fistulous canals, the third to the preternatural laminæ and fibrilla which form on the surface of inflamed membranes.

In the third and last book, the author treats of the comparative anatomy of

the alterations of the tissues, both those produced by inflammation, and those which are not, and he divides this book also into three chapters. In the first he describes the idiopathic and inflammatory softenings of the bones, of the mucous and villous, of the nervous and of the muscular tissues: in the second, the comparative anatomy of tuberculous and inflamed tissues: in the third, the comparative anatomy of the scirrhus and carcinomatous and inflamed tissues—and concludes the work with a summary of the anatomical history, including the theory, general principles, and rational treatment of phlegmasias.

It will be perceived from the above sketch; that the plan is full and comprehensive, embracing, indeed, the whole range of pathology, a subject hitherto little investigated, and one, the investigation of which demands persevering and laborious research, talents for observation, and a mind free from prejudice and anxious only to arrive at the truth. M. G. appears to have brought to the task all these requisites, and to have had the advantage of numerous opportunities for observation, which have enabled him to illustrate every part of his work with interesting cases. We should be much pleased to see this work translated into our language; it would be a most valuable accession to the library of the student of medicine.

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4. *Traité de Pauscultation Mediate et des Maladies des Poumons et du Coeur.* Par R. T. H. LAENNEC, Médecin de S. A. R. Madame Duchesse De Berry, Lecteur, et Professeur Royal de Medecine au college de France, Professeur de Clinique à la Faculté de Medecine de Paris, &c. &c. &c. Seconde Edition entierement refondue. Toms. 2. Paris, 1826, pp. 1518.

A Treatise on the Diseases of the Chest and on Mediate Auscultation. By R. T. H. LAENNEC, M. D. &c. &c. Second edition, greatly enlarged: translated from the French, with notes and a sketch of the author's life, by JOHN FORBES, M. D. Member of the Royal College of Physicians, and Senior Physician to the Chichester Infirmary. With plates. London 1827, pp. 722.

The profession will be pleased to learn, that a new edition of the classical work of Laennec, has been published, enlarged and corrected from the observations which the author has made during the seven years that have elapsed since the publication of his first edition. During this period, he has assiduously employed himself in collecting new proofs of the correctness of his principles and of the accuracy and precision of his method of examination, and in extending his researches on several subjects, which he had formerly not been able satisfactorily to elucidate. In these investigations he has been eminently successful and has been enabled to render his work complete as a pathological and practical treatise on the diseases of the organs of respiration and circulation.

The additions to the present work are so numerous, and the alterations so considerable, that it ought rather to be considered as a new work than a new edition of the former, though all the contents of the first publication are comprised in this. The arrangement of the present edition is much more natural and physiological than that adopted in the former one. The chapters on pituitous catarrh, on dry catarrh, on dilatation of the bronchia, on emphysema of the lung, on perypneumony and gangrene of the lungs, on pulmonary tubercles, on

diseases of the heart, &c. have been much enlarged; and on several subjects new chapters have been added, as on symptomatic catarrh, suffocative catarrh, croup, bronchial hæmorrhage, hypertrophy and atrophy of the lung, &c.

The translation by Dr. Forbes appears to be faithfully executed, and is enriched with notes by the translator. The original is written in rather a diffuse style; in the translation the cases are considerably abridged, and the rest of the work much condensed. We hope an edition of this work will speedily be published in this country, that American practitioners may possess themselves with a work, which is, without question, the most valuable ever written on the pathology and diagnosis of the diseases of the thorax, and, indeed, may be considered as almost perfect in its kind.

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5. *Grundriss der Chirurgischen operationen*, von D. GOTTLÖB BERNHARD SCHREGER, KÖNIGL. BAIERISCHEM HOFRATHE, &c. &c. Nurnberg, 1826, 2 vol. 8vo. pp. 1000, third edition, revised and enlarged.

This is the most complete and satisfactory view of the elements of operative surgery we have yet seen; and we are not surprised that it should have been several times enlarged and reprinted within a few years. The operations of surgery are not merely described, but the history of the rise and progressive improvement of each operation is given; the instruments used in performing them are referred to their respective inventors and improvers, and the different modes of operating employed by distinguished and experienced surgeons of all countries, are succinctly and perspicuously stated. The various operations are accompanied by ample references to valuable treatises and papers on the subject, so that the reader has always within view a catalogue of the best books to be consulted, when he desires to extend his acquaintance with the operation.

No one can examine German scientific works, without being pleased to observe the liberality they display towards those devoted to similar pursuits in other countries than their own, as well as the full credit they give to the authors of improvements, however obscure the individual may be. Such conduct is highly commendable, and the imitation of it may be urged upon the cultivators of medicine generally. Dr. Schreger's work is worthy of being well translated, and unless we are much mistaken, it would be considered an acceptable addition to the libraries of American surgeons.

J. D. G.

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6. *Manuale Clinico di Ostetricia* di FRANCESCO ASDRUBALI, Tomi 2^e 8vo. Roma, 1826, pp. 835.

The author of the above cited work on the obstetric art, is one of the most celebrated and erudite practitioners in Italy, he is at present professor of midwifery in the college of Sapienza, and has already published much on this branch of medicine. His first work, which appeared in 1795, was the *Elements of Obstetrics*: this treatise was received with great eagerness by the profession throughout Italy. This was succeeded in 1812 by a very voluminous work on the theory and practice of midwifery, and afterwards by the present, which appears to be an abridgment of the practical portion of the larger work.

As in most treatises on medicine, published on the continent, and particularly in Italy, there is a great portion of it occupied with references to the earliest known authorities, which, although useful in a history of the science, seldom are of a sufficiently practical nature to be relied on in the present advanced state of the healing art. Dr. Asdrubali appears perfectly acquainted with the writings of cotemporary authors, and refers constantly to them, particularly to those of M. de Lachapelle and Baudelocque, his work also contains some excellent observations on the different points of legal medicine connected with obstetrics. As this is one of the latest works on midwifery which has issued from the Italian schools, we will give a short analysis of its contents, judging that our readers would feel anxious to learn what progress this important branch has made in that country.

The author begins by treating of parturition in general, and of the anatomy of the pelvis, and organs of generation, and like Barclay and Chaupier, wishes to establish a nomenclature in anatomy, similar to that adopted in chemistry, thus he terms the ossa innominata, the bi-ileo, ischio-peltinee, ventaglio-forme. He is a strenuous supporter of the general existence of the hymen, although he very properly admits that its absence is not a proof of the loss of virginity; in treating of the last subject he divides it into perfect, mixed and imperfect.

Dr. Asdrubali's division of pregnancies differs somewhat from those adopted in this country, he terms them:—1. Fortunate pregnancies when the womb contains a living fœtus. 2. Unfortunate when it is extra-uterine, or when the fœtus is dead. 3. False when there is a mole or hydatids. 4. Mixed when there is a living fœtus accompanied by a mole, &c.

After describing the natural positions of the head of the fœtus during labour, he discusses at some length, the posture that the woman is to maintain during delivery; and finally decides, that the best is a sofa, on which a hard mattress is placed, which should be inclined towards the feet of the patient; he recommends that an accoucheur should if possible always have three assistants.

Our author's observations on the treatment of the placenta, are founded on just principles, and deserve attention. He details many cases in which irreparable injury has ensued from the haste and violence of the accoucheur in bringing away the after-birth.

The next chapters are devoted to natural and preternatural, (*morbose*,) labours, these, from the cursory glance we have made of them, appear to contain little that is new and interesting; he then proceeds to the consideration of instruments, and recommends strongly the use of the lever, not the instrument generally known in this country under that name, but a blunt instrument to support or change the position of different parts of the body of the child; he also makes much use of the fillet.

In the succeeding chapters are noticed the Cæsarian operation and division of the symphysis pubis, of which, he prefers the former; observing, that viewed in every light, the latter is much more dangerous, and far from being as certain as the Cæsarian section.

The last chapters are devoted to the consideration of the accidents that take place during labour, as laceration of the womb, or perineum, uterine hæmorrhage, &c.

R. E. G.

7. *Sulla Ottalmia Pustolar-Contagiosa*. Del Chirurgo GAETANO BUZZI. Prato, 1825. 8vo. pp. 100,

The study of ophthalmology has of late years attracted much attention from the medical profession, and consequently has advanced rapidly in certainty and usefulness. That this is attributable to our increased knowledge of the different tissues cannot be denied, and must be evident to the most cursory observer. Pathology, once a complete chaos of unconnected facts, is now becoming a science beautiful in its connexions, and certain in its results.

We have long been indebted to Italy for useful information on diseases of the eye, the labours of Scarpa alone would have entitled her to claim a high rank among the benefactors of mankind, he gave an impulse to the successful investigation of the structure and diseases of the eye, which has been unremittingly followed by his countrymen, among whom may be mentioned Assalini, Vasani, and the author of the treatise under consideration.

This work has been published two years, but we believe has never been noticed in our journals—the author gives his practical knowledge and the fruits of his experience in a simple and brief form, without loading his work with the speculations of others further than is incidentally required, and displays a perspicuity of observation that will make his few pages valuable to the medical world.

It contains a detail of many experiments instituted by him to ascertain the fact of the contagious nature, and the best means of cure for this dangerous form of ophthalmia. This subject is of such practical importance, and has so often been the topic of violent disputes, that we have thought it would be interesting to our readers to give a short analysis of the work.

After observing that every author who has written on the disease has given it a new appellation, he falls into the same error, and proposes that of pustular contagious ophthalmia, thus adding to the confusion already existing, from writers describing the various forms of the disease under different names.

His reasons are as follows:—"Having observed that this form of ophthalmia is always contagious, and that from its very commencement, or rather from the moment it is perceptible, there are always to be discerned on the conjunctiva covering the globe of the eye, pustules, abrasions or ulcers, I determined to bestow on it a name which would at once define it and give its principal characteristics."

Dr. Buzzi denies positively that the first appearance of this disease in Europe was immediately succeeding the arrival of the troops from Egypt in 1798, and says that "the contagious pustular ophthalmia is peculiar to all countries, and exists at all times, that it is certainly more common in Egypt, as its predisposing causes are more frequent and permanent in their action in that country." He has seen it arise in Florence in an individual who communicated it to his whole family, and what is worthy of observation, that the first attacked were the youngest children from whom it was successive in its progress to the adults. He says that it occurs most frequently in children of scrofulous habits, and as this latter disease is so prevalent in Florence, it accounts for the number of blind, who are to be seen in that city.

Dr. B. considers that improper and scanty food, impure air, uncleanness,

&c. are all predisposing causes of ophthalmia, and that some individuals are much more susceptible of its attacks than others; he details an extraordinary case of the supposed contagion of this disease from Vasani. "In 1817, a hospital was established in Ancona for the reception of ophthalmic patients, the poultices, &c. used by the patients were thrown from a window and fed on by fowls, and strange to relate, these birds were all attacked with purulent ophthalmia in so violent a degree as to become blind"—the author afterwards details some experiments he made, which certainly tend to show that the purulent matter from a diseased eye is capable of exciting inflammation, and a purulent discharge when applied to a sound eye; he thinks these are conclusive as to the fact of its contagious nature, we have no doubt of the fact that the purulent matter from a diseased and ulcerated eye is capable of inducing a similar state of things when applied to a sound eye, but we are also of opinion that any acrimonious discharge from a mucous membrane when applied to the eye would induce a purulent ophthalmia, it is owing to the overlooking of this circumstance that the science has been loaded with so many divisions of purulent ophthalmia, as Egyptian ophthalmia, gonorrhœa, &c.

We shall not follow our author in his description of the disease, and the progress of the symptoms; as these, although faithfully and accurately given, are familiar to every one; but proceed to his mode of cure; this he details at some length, but the whole may be given in a few words. To diminish the inflammation by local depletion and topical applications, to keep the eye clean and as free as possible from an accumulation of the purulent discharge, to create a counter-irritation by means of blisters behind the ears, to pay strict attention to the state of the alimentary canal, and to maintain a strict diet. In the chronic state, and when ulcers exist, he advises the use of a solution of corrosive sublimate, 1 gr. to $\bar{3}$ v. of water, he has also found benefit in these cases from a wash of lime water, in which two grains of sal. ammoniac have been added to each ounce.

R. E. G.

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8. *An Inquiry into the Nature and Treatment of Diabetes, Calculus and other Affections of the Urinary Organs: with Remarks on the Importance of attending to the State of the Urine in Organic Diseases of the Kidney and Bladder; and some Practical Rules for determining the Nature of the Disease from the Sensible and Chemical Properties of that Secretion.* By WILLIAM PROUT, M. D., F. R. S. From the second London edition, revised and much enlarged: with notes and additions by S. CALHOUN, M. D. &c. Philadelphia, 1 vol. 8vo. pp. 308.

When we take into consideration the obscure pathology, painful nature, and great intractability of diseases of the urinary system, we are glad to see a second edition of Mr. Prout's valuable treatise upon the subject, with proofs that it still receives his able investigation. In its present form we believe the work embraces more interesting and authentic information relative to these affections than any other we know of, as, in addition to the store furnished by the author, the American editor has added to the volume nearly all the valuable matter upon the subject, to be found dispersed through the writings of others.

That those who have never examined the work, may have some idea of the contents, we shall condense a few remarks from it of a general nature.

Mr. Prout has indicated with great skill and precision, the constituent parts of the blood and urine. When a comparison is instituted between the comparatively simple composition of the former, and the heterogeneous character of the product derived from it, we cannot fail to be struck with surprise at the wonderful powers of elaboration possessed by the kidneys. As Berzelius has previously remarked, *acidification* seems to constitute the chief feature in these operations. Thus, for example, in the healthy process, the sulphur and phosphorus of the blood are converted by the kidneys into sulphuric and phosphoric acids; a new acid, the lithic, is generated, etc: but in certain morbid conditions, this acidifying tendency is carried to excess, giving occasion to the production of the nitric acid, oxalic acid, &c. At other times, however, it is diminished or suspended, and unchanged blood, or albuminous matter; neutral substances, as urea or sugar; or even alkaline substances, as ammonia, lime, and magnesia, are separated in abundance; the phosphorus and sulphur naturally belonging to the blood, passing at the same time through the kidneys and bladder without being acidified.

"It may be remarked in general," says Mr. Prout, "that when acids are formed in excess by the kidneys, the urine is commonly small in quantity and high-coloured, and the disease inflammatory. When neutral or alkaline substances, the urine on the contrary is generally pale-coloured and large in quantity, and the diseases are those of irritation and debility."

The author of the treatise has divided diseases of the urinary organs into three general classes. 1st. *Functional* diseases; comprehending all those affections arising from a deranged operation of the kidneys. 2d. *Mechanical* diseases; including all those arising from the mechanical irritation of solid foreign bodies, as calculi, &c. 3d. *Organic* diseases; or those connected with disorganization of some portion of the urinary organs. These general divisions are subdivided into other heads, so as to embrace each disease common to the urinary system. The closeness with which the author and editor have adhered to practical points is certainly very praiseworthy, and the chemical details of the former, which constitute the basis of most of his inquiries, are exceedingly plain, concise, and intelligible.

G. E.

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9. *Encephali Anatomica Descriptio a Doctore LUPÍ, filio, peracta. Romæ, 1826, pp. 69.*

This unpretending pamphlet contains an accurate view of the improvements made in the investigation of the anatomy of the encephalon, by Gall, Spurzheim, Meckel, Cloquet, Chausier, &c. and was published by Dr. Lupi, the younger, for the use of students, whose books generally contained the anatomy of the encephalon according to the ancient "cheese-slicing" method. If we feel any regret in relation to this description of the brain, it is, that the author did not give it in his own beautiful language; for whether it be owing to the nature of the subject, or to the difficulty of arranging technicalities in the language of ancient Rome, or to any other cause, the Latin of this description sounds peculiarly flat in general, and is in many instances rugged and unpleasant. It is, nevertheless, throughout correct and clearly comprehensible; merits which, on such a subject, might fully compensate for greater defects than mere mediocrity or slight inelegance of style.

J. D. G.

10. *Replica di L. METAXA all'apologia di alcune postille Scritte da D. MELI.*
Roma, 1826, pp. 75.

The melancholy truth that neither learning, talent, nor station always exempt individuals from human frailties and passions, is clearly confirmed by the pamphlet before us: it moreover indicates that the "*genus irritabile*," comprises a greater number of *species* than is commonly referred thereto. The cause of complaint against Signor Meli is that of having published a criticism upon a medico-legal dissertation, written by Professor Flajani, in which, on the supposition of its having been written by Dr. Metaxà, Meli abuses the latter scurrilously and personally.

We have, heretofore, had occasion to pay due homage to the professional learning and intellectual acumen of Professor Metaxà, in his paper on the case of Crespi, who was tried on the charge of having committed a rape upon the person of an immature female.* We have also recently received his *second* memorial on the same subject, in which his claims as an investigator of medico-legal evidence are shown to be of the highest order. With his especial quarrel we have nothing to do, and very little to say, except, that judging by the coarse and scurrile epithets which he quotes as used against him, he has stooped to notice an aggressor altogether unworthy of his attention.

But we may be allowed to call the attention of the profession to the subject of this sort of warfare in general; and to invite those who are desirous of seeing the dignity of the medical character augmented and sustained, to unite in discountenancing similar exhibitions of ignobleness, passion, or egotism. It is no doubt true, according to the words of Sallust, adopted by the author of the pamphlet, "*nulli mortalium injuriæ suæ parvæ videntur*," but it is not less true, that few, very few, instances can occur, in which injuries sustained in the business of life by an individual will prove sufficiently *great* to interest the feelings of a whole community. The frequent references to the public to determine whether A has not greatly injured B, or C has not exceedingly misrepresented D, &c. may appear of great importance to the querists themselves, but can have little other influence upon the public besides that of causing the *profession* to be regarded as peculiarly addicted to malevolence and strife, and thence, to diminish the respect entertained towards the whole body.

It is certainly a severe trial to have abuse and misrepresentation published against one, and occasionally from men who are, "*ex officio*," supposed to be respectable, and not to reply; more especially where we feel confident that we could readily prove that the aggressor is as incompetent to judge, as he is violent and abusive. Nevertheless, the most usual causes of altercation, and reference to the public, are of a nature to call for forbearance and self-respect, rather than an appeal to that "*public*" which cannot or will not take time to inquire into the true state of the case. Upon your true literary Aspic, the severest infliction is the contempt of entire neglect; no greater suffering can such creatures experience, than that which follows from perceiving that their most

* Philadelphia Med. and Phys. Journal, vol. ix. p. 427.

concentrated venom is so innoxious, as not even to provoke the motion of a finger for their removal.

As long as men are differently educated and variously endowed by nature and fortune, we must expect differences of opinion and discrepancies of judgment, even from an examination of the same data. These differences, so long as those who exhibit them are influenced by correct and honourable principles, tend to produce inquiry and promote improvement. But the altercations which spring from disingenuous artifice, and are hurried before the public by passionate egotism, are always injurious to the profession. Just, however, is the decision of the public, in almost every instance, that both sides are in the wrong: yet the justice awarded the individuals rarely fails to cause a part of the *odium* to be imputed to the *profession*.

As a remedy for such evils, we would beg leave to propose a greater scientific and social intercourse among the members of our profession, with a view of eliciting truth by courteous interchange of sentiment, and by mutual exertions in the cause of science, to inspire a feeling of noble emulation. Where individuals exhibit that unhappiness of temper which renders them almost universally obnoxious and disagreeable—let them be politely shunned—“put into Coventry”—left to their own society, until they learn to appreciate the privilege of associating with those, who, in the pursuit of fame and fortune, never for an instant forget the rights and feelings of cotemporary aspirants. J. D. G.